

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

29150

1. PLACE OF DEATH

County Cooper
Township _____
City Boonville (No. _____)

Registration District No. 218
Primary Registration District No. 8015

File No. 81
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11th 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 1 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Part Home School work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) Jan 1932 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moberly Mo.

13. NAME Anton Sander

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Westphalia Germany

15. MAIDEN NAME Elizabeth Ehrhardt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burney Illinois

17. INFORMANT (ADDRESS) Elizabeth Ehrhardt, Moberly Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cem DATE Sept 18 1932

19. UNDERTAKER (ADDRESS) Schmitts Warnhoff, Boonville Mo.

20. FILED Sept 16 1932 D. A. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16 19 32

22. I HEREBY CERTIFY, That I attended deceased from Aug 26 19 32, to Sept 16 19 32

I last saw him alive on Sept 16 19 32. Death is said to have occurred on the date stated above, at 5:15 p.m.

The principal cause of death and related causes of importance were as follows:

Pituitary carcinoma of the ovary
46 2 49 4 47 1 48 5

Other contributory causes of importance:
General metastases of a sarcomatous character throughout abdomen and pleura

Name of operation Capsulotomy Date of Sept 1

What test confirmed diagnosis? Microscopic Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify Pituitary carcinoma

(Signed) Alexander R. Brown M. D.

(Address) Boonville Mo.

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

(Hearings) ... Hearings ...

Arrhenoblastoma (meaning to make like a male)
as proposed by Dr Meyer of Berlin, Germany, to
cover the interesting group of masculinizing tumors
of the ovary. Not numbering 26 in the literature.
This term in recurrence takes on the character
of a teratocarcinoma.

Alex Raveraway md

Classification of the Arrhenoblastoma
of the ovary proposed by Meyer
of Berlin, Germany.

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